



YORK "B" GROUP HOSPITAL  
MANAGEMENT COMMITTEE  
(LEEDS REGION)



# FIRST REPORT

Covering the period  
5th July, 1948—31st December, 1949

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MANAGEMENT COMMITTEE

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Covering the period  
5th July, 1948—31st December, 1949

PRESENTED TO THE FIRST PUBLIC MEETING HELD AT  
CLIFTON HOSPITAL, YORK, ON TUESDAY, THE  
3rd OCTOBER, 1950, AT 2-30 p.m.



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# YORK "B" GROUP HOSPITAL MANAGEMENT COMMITTEE

## MANAGEMENT COMMITTEE

*Chairman:* Mrs. I. B. SHAW, J.P.  
Mrs. M. C. BEVERLEY.  
Mr. L. CHAMBERS.  
Mr. R. F. CHAPMAN, J.P.  
Mr. R. W. COCKERILL, J.P.  
Mr. T. COWLING.  
Mr. H. DACK, O.B.E., J.P.  
Miss M. M. DAVIES.  
Dr. J. S. DUDGEON.  
Mr. C. FANTHORPE.  
Mr. F. GAINES, J.P. (*since deceased*)  
Mr. B. HAZELL, M.B.E.  
Brig.-Gen. H. A. HOLDICH, D.S.O., D.L.  
Dr. R. A. HOOPER.  
Lt.-Col. W. L. C. KIRBY, D.S.O., D.L., J.P.  
Miss E. M. LISTER.  
Mr. J. L. F. McGANN, J.P.  
Lt.-Col. H. SLINGSBY, M.C.  
Dr. N. WALSH.  
Mr. F. S. H. WARD.  
Rev. A. H. WATON, M.B.E., M.C.  
Mrs. F. H. WOOLLCOMBE.  
Mr. F. WRIGHT.

## WHIXLEY COLONY HOUSE COMMITTEE

*Chairman:* Mr. F. GAINES, J.P. (*since deceased*)  
Mr. L. CHAMBERS.  
Mrs. M. C. BEVERLEY.  
Dr. J. S. DUDGEON.  
Mr. C. FANTHORPE.  
Mr. B. HAZELL, M.B.E.  
Dr. R. A. HOOPER.  
Miss E. M. LISTER.  
Mrs. I. B. SHAW, J.P.  
Lt.-Col. H. SLINGSBY, M.C.  
Mrs. F. H. WOOLLCOMBE.  
Mr. F. WRIGHT.

## CLAYPENNY COLONY HOUSE COMMITTEE

*Chairman:* Mr. R. W. COCKERILL, J.P.  
*Vice-Chairman:* Brig.-Gen. H. A. HOLDICH, D.S.O., D.L.  
Mr. T. COWLING.  
Mr. H. DACK, O.B.E., J.P.  
Miss M. M. DAVIES.  
Lt.-Col. W. L. C. KIRBY, D.S.O., D.L., J.P.  
Mr. J. L. F. McGANN, J.P.  
Mrs. I. B. SHAW, J.P.  
Mr. F. S. H. WARD.  
Rev. A. H. WATON, M.B.E., M.C.

*Offices of Management Committee:*

CLIFTON HOSPITAL, YORK

(Telephone Nos. York 4677-8 and 53975)

*Secretary and Supplies Officer:* H. H. DRYLAND, M.B.E., F.H.A.

*Finance Officer and Deputy Secretary:* W. J. HOOD, A.H.A.

# OFFICERS OF THE HOSPITALS

## CLIFTON HOSPITAL FOR MENTAL DISEASES

<i>Address</i>	. . . . .	Clifton Hospital, York.	Tel. York 4677-8.	
<i>Beds</i>	. . . . .	1,000		
<i>Medical Superintendent</i>	. . . . .	J. I. RUSSELL, M.D., F.R.F.P.S.,		} Consulting Psychiatrists.
		D.P.M.		
<i>Deputy Medical Superintendent</i>	. . . . .	W. FRASER, B.Sc., M.B., D.P.H.,		
		D.P.M.		
<i>Senior Medical Staff</i>	. . . . .	Mrs. M.C. GORDON, M.B., D.P.M.		
		J. J. O'RIORDAN, M.B., D.P.M.		
<i>Registrar</i>	. . . . .	D. R. K. STREET, M.B., Ch.B.		
<i>Dental Officer (part-time)</i>	. . . . .	W. BEDFORD, L.D.S.		
<i>Chaplains (part time)—</i>				
<i>Church of England</i>	. . . . .	Rev. H. RATCLIFFE, M.A.		
<i>Non-Conformist</i>	. . . . .	Rev. D. J. DAVIES, B.A., Ph.D.		
<i>Roman Catholic</i>	. . . . .	Very Rev. Canon C. FARRAR, B.A.		
<i>Matron</i>	. . . . .	Miss A. J. BARON, S.R.N., R.M.N.		
<i>Chief Male Nurse</i>	. . . . .	G. A. HARLING, R.M.N.		
<i>Clerk of Works</i>	. . . . .	J. B. MORGAN.		

## EAST AYTON LODGE, Tel. West Ayton 3134.

(Convalescent Annexe to Clifton Hospital)

<i>Address</i>	. . . . .	East Ayton Lodge, East Ayton, near Scarborough.
<i>Beds</i>	. . . . .	20
<i>Sister-in-Charge</i>	. . . . .	Mrs. J. GOUGH, R.M.N.

## CLAYPENNY COLONY FOR MENTAL DEFECTIVES

<i>Address</i>	. . . . .	Claypenny Colony, Easingwold, York.	
		Tel. Easingwold 255.	
<i>Beds</i>	. . . . .	340	
<i>Matron-Superintendent</i>	. . . . .	Miss E. HARLE, S.R.N., S.C.M.	
<i>Medical Officer (part-time)</i>	. . . . .	H. DUCK, M.B., Ch.B.	
<i>Dental Officer (part-time)</i>	. . . . .	E. V. GARGETT, R.D.P.	
<i>Chaplains (part-time)—</i>			
<i>Church of England</i>	. . . . .	Rev. S. MORRIS CROW, K.C.L., R.D.	
<i>Non-Conformist</i>	. . . . .	Rev. R. HIND.	
<i>Roman Catholic</i>	. . . . .	Father W. I. WILLIAMS, O.S.B.	

## WHIXLEY COLONY FOR MENTAL DEFECTIVES

<i>Address</i>	. . . . .	Whixley Colony, Whixley, York.	
		Tel. Green Hammerton 204.	
<i>Beds</i>	. . . . .	214	
<i>Superintendent</i>	. . . . .	W. LOMBARD, F.H.A.	
<i>Matron</i>	. . . . .	Miss M. M. JOHNSON, S.R.N., S.C.M., R.F.N.,	
		R.N.M.D.	
<i>Medical Officer (part-time)</i>	. . . . .	J. S. DUDGEON, M.D., D.P.H.	
<i>Dental Officer (part-time)</i>	. . . . .	W. BEDFORD, L.D.S.	
<i>Chaplains (part-time)—</i>			
<i>Church of England</i>	. . . . .	Rev. J. H. SHORE, L.Th.	
<i>Non-Conformist</i>	. . . . .	Rev. F. LAMBERT CARTER.	
<i>Roman Catholic</i>	. . . . .	Father W. WARD.	

## CONSULTING STAFF

The Consulting Staff of York "A" and Tadcaster Hospital Management Committee undertake duties on request at all the Hospitals in this Group, and the four whole-time Consultants in Psychiatry based on Clifton Hospital (see above) have duties in connection with the other hospitals in York "B" Group, York "A", and Scarborough and Whitby Hospital Management Committees.

# FIRST REPORT OF THE YORK "B" GROUP HOSPITAL MANAGEMENT COMMITTEE.

## GENERAL ORGANIZATION

### Introduction

The Management Committee of this Hospital Group has pleasure in presenting to the Public its First Report since the National Health Service Act became operative. This Report covers the period 5th July, 1948, to the 31st December, 1949, but for the purpose of comparison with previous years, the statistical tables appended cover the two years, 1948 and 1949. It is hoped in future to issue an annual report which will provide an interesting record of progress over a long period of years.

The broad pattern of the new Hospital Service will, by now, be fairly well known to most members of the Public, but it is thought advisable, briefly, to outline the responsibilities of a Group such as this, which deals solely with Mental Health. The Group consists of:—

Clifton Hospital, York, formerly known as the North Riding Mental Hospital, originally opened in 1847 . . . . .	1,000 beds
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East Ayton Lodge, Convalescent Annexe to Clifton Hospital, situated near Scarborough, opened in 1947 . . . . .	20 beds (female)
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Claypenny Colony, Easingwold, converted from a Poor Law Institution to a Mental Deficiency Colony in 1934 for mental defectives, men, women, and children . . . . .	340 beds
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Whixley Colony, Whixley, York (originally an Inebriates Home), converted for use as a Mental Deficiency Colony, mainly for high grade men defectives, in 1916 . . . . .	214 beds
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In conjunction with Clifton Hospital, three Outpatient Clinics are operated, where an increasing number of patients is being examined and given the necessary treatment and advice.





CLIFTON HOSPITAL MAIN ENTRANCE. COMMENCED 1845.





EAST AYTON  
LODGE

NEAR  
SCARBOROUGH.





## **Constitution of Management Committee**

The Chairman and members of the Management Committee were appointed by the Leeds Regional Hospital Board, and the Committee has amongst its members, nominees of various public bodies in the wide area from which patients are admitted.

The Group's Headquarters have been established at Clifton Hospital, where suitable office accommodation has been provided. Sub-Committees have been appointed to control the various sections of the work, i.e., House, Finance and General Purposes, Supplies, Farms, and Medical Advisory. The House Committees control the day-to-day administration of the Mental Deficiency Colonies, and a report from them is submitted to the Management Committee each month.

Rota visitors are appointed from the Management Committee, two of whom visit the Hospitals in the Group each month to establish personal contact with the patients and to make recommendations for improving their comfort and welfare.

## **Catchment Area, Admissions and Discharges**

The Catchment Area for the Group is not at present very clearly defined. Although a good portion of the North Riding of Yorkshire falls within the Newcastle Hospital Region, owing to the lack of accommodation in that Region, patients who would normally have been treated there, are still being admitted to Clifton Hospital and Claypenny Colony, both of which are grossly overcrowded. A satisfactory solution of this problem has not yet been found, but it is hoped that by a re-allocation of Catchment Areas, the eventual removal of the Newcastle Region's patients, and the acquisition of other suitable properties, the regional numbers may be evenly distributed and each hospital allocated a geographical area for which it will be primarily responsible.

Some relief of the overcrowding has been attained by boarding out to relatives or friends those patients who no longer require active treatment but are not sufficiently recovered to be discharged from Order under the Lunacy Acts. In this way, valuable hospital accommodation is provided for acute cases at a cost much below that of new buildings.

Whilst no patient is refused admission to Clifton, it has been found necessary to submit all applications for admission to the Mental Deficiency Colonies to the respective House Committees. This makes it possible for the waiting list to be scrutinized most carefully so that available vacancies are filled by cases whose need is most urgent.

One of the most notable changes introduced by the new Act is that it is now rarely necessary to bring patients before the Committee of the Mental Hospital for discharge, the nearest relative having authority to order release, but the procedure as regards mental defectives remains unchanged. It cannot be too strongly emphasized that whilst the Management Committee, through its House Committees, is entirely sympathetic with parents of mental defectives who genuinely desire that their children should be restored to their care, either on licence or under guardianship, this frequently is a responsibility which the parents are not, for various reasons, able to undertake. Further, the Committee is not prepared to encourage the return of patients to their homes where they are only valued as potential wage earners and where in other respects the homes are unsatisfactory—indeed such patients often stand a better chance of success when they are placed with well-chosen guardians.

The Committee is gratified to see an increasing number of patients voluntarily asking for treatment at Clifton Hospital. This speaks well for the Hospital's high reputation, and the Committee is encouraged to hope that with growing confidence in the treatment, and the development of Outpatient Clinics (now an extremely important branch of the Mental Health Service), even greater numbers will seek treatment at an early stage of their illness.

### **Occupational and Recreational Therapy**

The Committee attaches great importance to occupational and recreational therapy, which are prominent features in each of the Hospitals in the Group, and to which more detailed reference is made later.

### **Development Schemes**

Long term development schemes have been submitted to the Leeds Regional Hospital Board, the most important being the provision of an Admission Hospital and Convalescent Villas at Clifton Hospital, and the gradual develop-



ment of Claypenny Colony to 800 beds, together with the necessary houses for officers and staff, Nurses' Home, Laundry, Kitchen and Administration Block. The first portion of the Claypenny scheme—the erection of two blocks each to accommodate 40 low grade patients—is now in progress. At Whixley Colony, a scheme has been submitted for the enlargement of the present hospital ward to accommodate 25 T.B. cases, and the building of a small block of two wards for physically sick cases.

## Finance

The control of the Group Finances has been the special responsibility of the Finance and General Purposes Subcommittee, which has met regularly each month. Particular attention has been devoted to the control of expenditure necessary to ensure that the Committee's approved estimates were not exceeded.

No major difficulties were encountered in the early days of the new Service as far as the financial arrangements were concerned, though it was necessary to ask the North Riding County Council to act as agents for the Committee at Claypenny Colony for the payment of wages and accounts until the end of September, 1948.

Probably the most noticeable change which has occurred since the introduction of the new Health Service is the great increase in the amount of money being issued to patients for the purchase of additional comforts. In 1949 over £7,500 was issued to patients at Clifton Hospital, compared with less than £5,000 in 1947. Most of the patients spend this pocket money at the Hospital Canteen on cigarettes, chocolates, sweets, fruit, mineral waters, cosmetics, etc., but quite a number prefer to accumulate the allowances in order to buy special articles of clothing.

It has been found necessary to establish a procedure for claiming sickness benefits and pensions on behalf of patients, and to ensure that either a relative or an official of the hospitals is appointed agent to receive the sums due. In this connection, close liaison has been maintained with the local Offices of the Ministry of National Insurance, whose advice has been found most helpful.

The Committee has received only one small gift of money to be used for the benefit of patients, but is fortunate in having available for use at Clifton Hospital the income from the Eades' Benevolent Fund. This Fund was established by the

previous Medical Superintendent of the Hospital for the assistance and welfare of Nursing Staff and Patients, and has not been claimed by the Minister. In addition, during the eighteen months under review, the Committee received £835 as its share of the Central Endowments Fund income, and has used this to provide outings for patients to the seaside and camps for mental defectives, as well as various other forms of entertainments and recreation.

### **Supplies**

The supply position generally has gradually eased since the war, but difficulty is still being experienced with regard to some important items such as clothing, uniforms, and bedding, for which manufacturers still require a very long delivery period. This makes the business of estimating financial requirements extremely difficult; goods ordered in one financial year are often delivered on a date well into the next year, and as no carry forward of balances is allowed, confusion often results, particularly so as the market for many items is still rising.

The co-ordination of the supply system for the Group has proceeded smoothly and the Committee is considering the extension of central contracting.





CLIFTON HOSPITAL. MALE INFIRMARY.



CLIFTON HOSPITAL. FEMALE INFIRMARY.





CLIFTON HOSPITAL LAWN. RECREATIONAL THERAPY.



## CLIFTON HOSPITAL

### National Health Service Act, 1946. Patients

The opinion of an observant patient at this hospital might now be that under the National Health Service his medical and nursing treatment has remained the same but that he has received more pocket money, for not only is he relieved of his former obligation to contribute to his maintenance, but he is entitled to a small allowance. The main change is in the hospital's relationship to the local community. In the old days, residents of the North Riding had an undeniable right to treatment at Clifton when required, and the policy of the Visiting Committee was that every mental case, whether voluntary or certified, should be regarded as an acute emergency and accepted without delay. Consequently there was no waiting list but there were many extra beds, and the hospital was full beyond capacity when transferred to the National Service, in which, theoretically, patients from any part of the region have an equal claim to be admitted. At first it appeared that patients had gained a privilege in becoming eligible for treatment in the hospital of their choice regardless of their place of residence, but with every hospital already overcrowded it soon became evident that the patient was worse off than before, and the Hospital Management Committee has therefore continued to recognise priority within the former catchment area.

The National Health Service Act effected important amendments in procedure relating to admission and discharge. A free patient may now be certified on petition, or in other words, by request of his relatives, but strangely enough, if the relatives choose this method they become liable for the Doctors' fees. It is unfortunate that this distinction has been preserved as it is much to be preferred that the next of kin should indicate his concurrence by initiating the procedure and that the intervention of the Duly Authorised Officer should not be a routine necessity.

Section 20 was introduced in 1890 to deal with emergencies when circumstances made it difficult to take a patient direct to hospital from his home. This section authorized a Relieving Officer to detain a patient for three days in the observation ward of a Public Assistance Institution, and being found convenient it became a regular practice. Nearly

twenty years ago the observation wards of the North Riding were closed and since then all patients have come to this hospital from their own homes. It may be that in cities where adequate modern accommodation is provided, preliminary observation serves a useful purpose, but in this area direct admission is generally recognised to be an advantage. By amendment of Section 20 the mental hospital itself may be designated for the reception of patients on a three-day order, but if the original purpose be remembered there can be little reason to use the mental hospital as observation wards. The reputed gain is that an unwilling patient may receive up to 17 days' treatment without certification, and this may result in ultimate good if the experience be used to prove in future legislation that pre-hospital Reception Orders are seldom necessary. So far, however, Section 20 cases have not been accepted.

In methods of discharge the main change has been that whereas formerly a non-paying certified patient could be discharged only by the Visiting Committee, discharge may now be ordered by the appropriate relative. If any were needed this amendment has supplied the evidence that patients are not in mental hospitals against the wishes of their families. No patient has been taken home against medical advice, and since next of kin have been encouraged to exercise their right, the invidious distinction between voluntary and certified patients has been less apparent.

The proportion of elderly patients admitted continues to increase and it is evident that a separate reception ward for senile cases will be required. Much consideration has recently been given to the provision of geriatric accommodation and the ill-defined line of demarcation between the forgetful aged and the senile dement has given rise to some misunderstanding. Not infrequently it is said that senile persons are being stigmatised as mental and improperly admitted to mental hospitals. This is inaccurate. The old person who from loss of memory fails to find his way home through previously familiar streets is suffering from a certifiable mental disorder and under present arrangements is entitled to accommodation in the mental hospital, even although a kindly grandchild if available might be capable of giving all the supervision necessary. But the mental hospital is designed to deal with more difficult cases and the mildly confused old patient might be adequately protected from harm in a smaller and more simple type of



institution. It is perhaps not generally known that many senile patients are remarkably improved by mental hospital care. Some return home. Others have no home to go to.

### **Admissions, Discharges, etc.**

The total number of cases under treatment in 1948 was 1,259 and in 1949, 1,273. The average daily number in residence was 1,000. The admissions during the two years totalled 526, of whom 100 were 65 years of age and over. A gratifying feature was the large number of patients (331) admitted on a voluntary basis.

Of the 436 patients discharged from hospital, many have benefited from a period of convalescence at East Ayton Lodge, and some have been assisted over a period of difficulty by the Honorary Secretary of the York and North Riding Mental After Care Association.

The general health of the patients could be regarded as satisfactory although in the first quarter of 1949, there were 202 cases of Influenza. Of the total number of deaths, 79 (62.2 %) occurred in patients who were 65 years of age and over.

### **Treatment**

During the period under review, Mr. Hardman of Sheffield performed leucotomy operations on 17 patients whose response to other forms of treatment had been so poor that they had come to be regarded as incurable. Of these, 7 made a satisfactory recovery and were discharged from hospital. Of 72 patients who received insulin shock treatment, 45 were sufficiently improved to return home. 134 patients were given electric convulsion treatment and of these, 116 were discharged recovered or relieved.

The work of the laboratory was maintained at its usual high standard and a total of 5,045 investigations were made.

### **Occupational Therapy**

This has for many years been a very prominent feature at Clifton and is still actively pursued. The war unfortunately dislocated many of the sources of supply of materials required for the work; gradually more items are becoming available. The difficulty in obtaining trained occupational therapists and the shortage of female staff has also prevented a full return to activities on a pre-war scale. It is hoped shortly to overcome these difficulties.

## Social and Recreational Activities

These activities have for long been encouraged at Clifton Hospital and provide very pleasurable interludes in the social life of the patients. The informal parties and social evenings which are held regularly in the Recreation Hall and other centres are attended by a large number of patients, thereby helping to create a happy atmosphere throughout the Hospital. The following list shows the varying nature of the facilities provided:—

1. Social Club. Weekly programme which includes dancing, table tennis, card games and music, etc., organised by committee of patients.
2. Dialectic Group.
3. Music Appreciation Group. (Gramophone Records).
4. Classical Concerts organized by the Council for Music in Hospitals.
5. Chess. Team comprising patients and staff are members of York Chess League.
6. Physical Training Classes. Given by a Recreational Therapist who also organizes inter-ward football and cricket matches.
7. Bowls. Green opened 29th June, 1948.
8. Dances. Held weekly. Instruction in ballroom dancing and country dancing given weekly.
9. Lectures on Appreciation of Art given by Mr. H. Hess, York City Art Gallery.
10. Charabanc outings during summer months to sea-side.
11. Weekly Cinematograph Shows.

Special mention is made of the performances of the Gilbert and Sullivan Operas "Trial by Jury," in 1948, and "Pirates of Penzance," in 1949, given by the Hospital Operatic Society, which were a source of delight to the patients.





CLIFTON HOSPITAL CHAPEL.





CLIFTON HOSPITAL ANNEXE. ERECTED 1889.



CLIFTON HOSPITAL. MALE INFIRMARY VERANDAH.





CLIFTON  
HOSPITAL

RUBBER MAT  
MAKING.

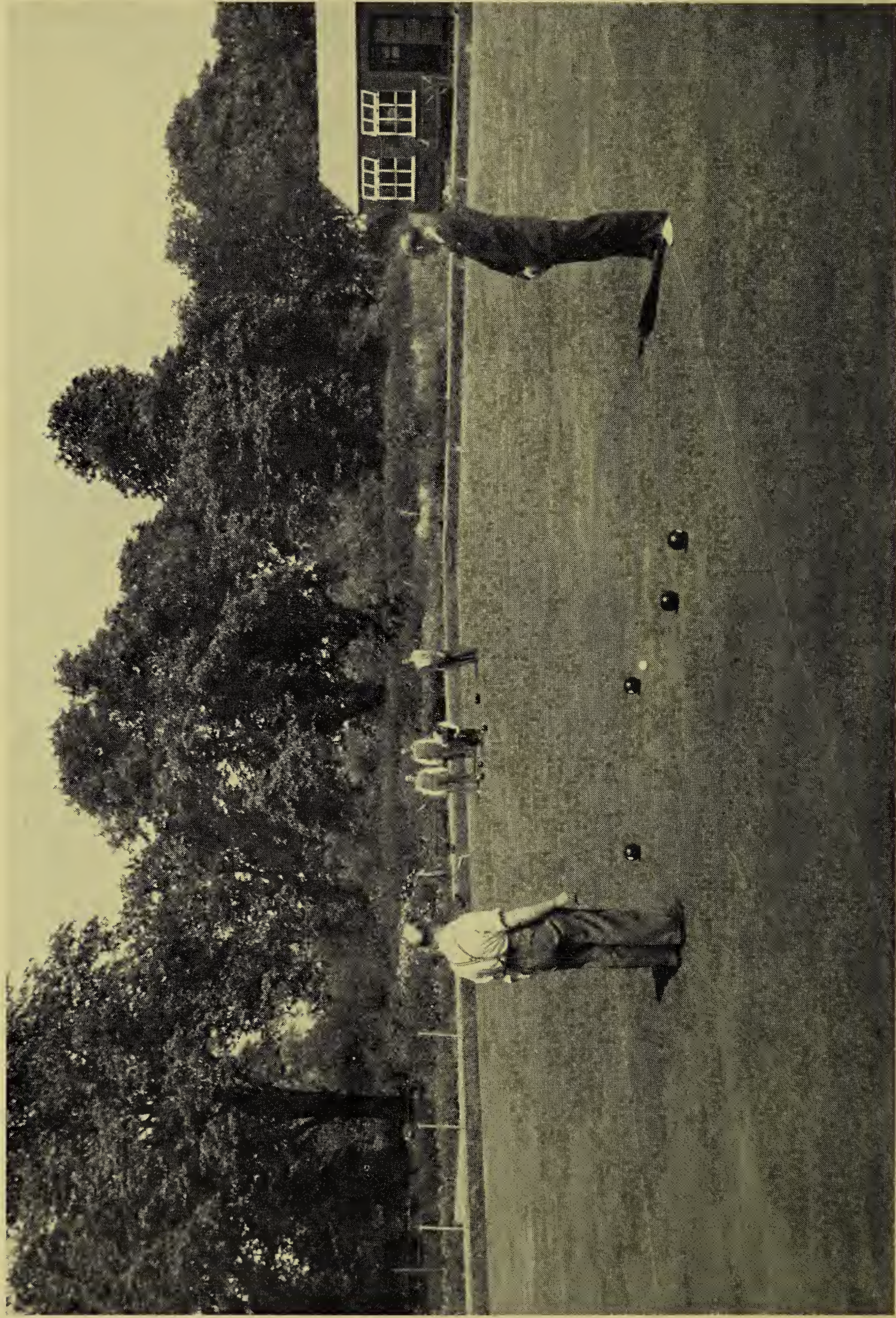


OCCUPATION  
CENTRE.  
RECENT CASES.



WIRE FENCING  
AND  
BRUSH  
MAKING.





CLIFTON HOSPITAL. BOWLING GREEN.



## Visits of Commissioners of the Board of Control

Visits by two Commissioners were made to the Hospital on the 19th and 20th April, 1948, and on the 22nd and 23rd February, 1949. During their last visit they had the opportunity of meeting the Chairman of the Management Committee. In their reports favourable comments were made regarding the re-introduction of occupational therapy and the remarkable and encouraging results achieved, especially on the female side. They also commended the high standard of medical treatment, nursing and the dietary.

## Farm and Garden

The work on the farm and gardens has provided a most useful source of outdoor employment for a large number of male patients and for a small number of female patients.

The Farm crops both for 1948 and 1949 were on the whole fairly good. 20% of the home grown wheat and barley were permitted to be retained for stock feeding. The potato crops were, however, disappointing. The usual number of dairy cows and store bullocks was kept and the milk and meat supply was steadily maintained. Good litters of pigs were bred, and 70 being surplus to requirements, were sold to the Ministry of Food. The ewes retained, reared more than an average crop of lambs.

The poultry section has well maintained the fresh egg supply to the Hospital and provided chickens as a welcome addition to the dietary.

The vegetables and fruit crops in 1948 were particularly good, but in 1949 were disappointing. The new Dutch Lights are proving a very valuable asset particularly in bringing on the early lettuce crops.

Improvements in the Greenhouses have made it possible to grow more plants and to produce more tomatoes and cucumbers than formerly. An innovation was the successful cultivation of mushrooms.

Sixteen trees in a dangerous condition were removed from the main drive, and many improvements have been carried out on the lawns and round the bowling green. The herbaceous plants and flowers surrounding this Green make it a delight to the eye. On each side of the drive to the Nurses' Home, ornamental trees have been planted.

## **Maintenance of Buildings, New Works and Equipment**

The fabric of old buildings such as those at Clifton requires constant attention. During the period under review the following were the principal items dealt with:—

### **Works Completed**

Internal air raid damage at Church and Nurses' Home made good.

Interior decoration in wards and Roman Catholic Chapel.

Cottages—repairs to walls and floors, improvements to hot water system.

Ward M2 Verandah—renewal of concrete floor and covering with rubber floor tiles.

Outside painting of farm buildings, houses and cottages.

Alterations to fire alarm system.

Installation of a third Lancashire Boiler, thus completing the new heating and hot water scheme begun in 1941 as part of a Five Year Plan.

Enlargement of Cinema Projection Room adjoining Recreation Hall and installation of two new Cinema Projectors.

Conversion of rooms in Centre Block into flat for medical officer.

Conversion of two bedrooms into dining room at Nurses' Home.

Bowling Green (cost met out of Eades' Benevolent Fund).

### **Works in Progress**

Installation of new windows in Hospital Chapel following bomb damage.

At the Farm:—

Erection of steel Dutch Barn.

Improvements and alterations to the outside and inside sanitary accommodation for the patients.

Alterations and improvements to cow byres and installation of electric milking plant.

Conversion of room for use as Dairy.

### **Works Contemplated**

Reception Hospital to accommodate 40 male and 40 female cases, complete with treatment centre and visiting rooms.

Convalescent Villas to accommodate 50 males and 50 females.

Repairs to roof of main building.



Enlarging windows and improvements to female wards 1, 2, 9 and 10.

Widening approach to Stores and adjacent buildings.

Enlarging the Canteen.

Conversion of old boiler house into Lecture Rooms for student nurses.

Pavilion on bowling green (cost to be met out of Eades' Benevolent Fund).

### Equipment

Principal items of equipment purchased during the period were as follows:—

Kitchen sinks and lavatory basins in several wards.

Corn grinding mill.

Two motor lawn mowers.

Slip ring motor and starter.

Bradford Van.

36 rustic garden seats.

16 hot cupboards in Ward Kitchens.

14 thermal urns (food vessels).

Portable electric woodplane.

Epidiascope.

Electric diathermy machine.

Portable anaesthetic apparatus.

Autopsy table in mortuary, complete with sink, fittings, etc.

### Visitors

Patients may be visited on any day, except Sunday from 11 a.m. to 12 noon and from 2 p.m. to 4 p.m., but relatives are advised that usually patients should not be visited during the first week of treatment.

### Staff

During the period under review, nine members of the staff, all with long service, retired on pension. It is reported with regret that Mr. J. H. Morrell, Deputy Head Gardener, died within two months of his retirement.



## **CLAYPENNY COLONY**

### **Health**

The health of the patients during the period under review has been good. The Medical Officer, Dr. H. Duck, has from time to time arranged for those cases requiring specialist treatment, mainly surgical, to be admitted to the City Hospital, York. Consultations with the Psychiatrists based on Clifton Hospital have proved to be most helpful in cases of a difficult nature.

The Committee has been anxious to ascertain the incidence of Tuberculosis but there has been inevitable delay in arranging for a mass radiography unit to visit the Colony. As only a small proportion of the patients are sufficiently mobile to send a long distance to an examination centre, comparatively few cases have so far been examined. The Regional Hospital Board is aware of the position and it is hoped that a mobile radiography unit will be available in the near future.

### **Recreation and Amusement**

Patients considered suitable are regularly allowed to go to friends and relatives on holiday, and a number have been for a week's holiday at the Y.M.C.A. Camp, Marske, which has been greatly enjoyed. For those considered not suitable to spend a holiday away from the Colony, trips to the sea-side by charabanc have been organized.

The football team continues to provide exercise for those boys of an energetic nature, and interest for those who are content to be onlookers.

Regular cinema shows and dances have been held in the winter months.

### **Occupational Therapy**

The addition to the staff of a visiting physical training instructor has proved a very welcome development, and the patients take part in the exercises with interest and enthusiasm. The School, Sewing Room, Tailor's Shop and Shoemaker's Shop are a means of providing useful and instructive training for the patients.





CLAYPENNY COLONY. MALE (2) BLOCK AND PATIENTS' FOOTBALL TEAM.





CLAYPENNY COLONY. PATIENTS SEWING AND RUG MAKING.



CLAYPENNY COLONY. CHILDREN'S SCHOOL.



Healthy outdoor occupation under expert supervision is provided on the farm and in the gardens for many of the male patients, and good yields of root crops, oats, vegetables and fruit have been secured by their efforts. Pig and poultry rearing has also been successfully undertaken.

### **Maintenance of Buildings, New Works, and Equipment**

The condition of the buildings has been well maintained and the following are the principal items dealt with during the period:—

#### **Works Completed**

Improvements to ventilation of kitchen.

Repairs to water tower.

Paths in Exercising Ground in front of Blocks F.2 and F.3.

Revolving Shelter for treatment of T.B. cases.

Nashcrete Hut for use as Occupational Therapy Centre.

Conversion of room in Ward B.2 for use as a Dental and Hairdressing Room.

Sectional Hut for use as a Canteen for patients and staff.

#### **Works in Progress**

Two Blocks for 80 low grade cases, with the necessary roads and paths (to be completed early in 1951).

Increased lighting to driveway.

Sanitary Annexes to Sewing Room.

#### **Works Contemplated**

Sanitary Annexe to Laundry.

Extensions to Coal Store.

Paths in Enclosure in front of Children's Block.

#### **Equipment**

Main items provided were:—

Footbaths in certain wards.

Fire fighting equipment.

Washing machine and 15 h.p. motor for laundry.

Extra telephones.



### **Visits of Commissioners of the Board of Control**

On the 24th March, 1948, and the 7th and 8th March, 1949, the Colony was inspected by a Commissioner and an Inspector of the Board of Control. Their reports revealed an appreciation of the difficulties with which the Colony was confronted. They remarked that the Institution was in good order, the patients were cheerful and contented and that much credit was due to the nursing staff who appeared to be managing their charges with tact and kindness. They also recorded that amusements and entertainments were very well organized, and that the gardens cultivated by the high grade boys were in excellent order.

### **Visitors**

Relatives and friends are able to visit the Colony on the second and last Saturdays of each month, and at other times by arrangement with the Superintendent.

### **Nursing**

The nursing problem at the Colony presents difficulties, which are perhaps unusually acute on account of the layout of the Colony, and the fact that a portion of this has been converted from a Poor Law Institution and is not ideal for accommodating the varying classes of patients, among whom are many children of a tender age, who require constant care and supervision. The task of recruiting experienced nurses for work at an institution of this type in a country district need hardly be stressed. It has been possible to maintain an efficient service only by augmenting the staff with European Volunteer Workers, and by utilizing some of the high grade female patients to help with the small children; otherwise the overcrowding, amounting to approximately 70 cases, in a Colony licensed to accommodate 270 would have had to be reduced. It is a great testimony to the Superintendent, officers and staff, that under these conditions, they have maintained such a high standard of efficiency and have been able to maintain a spirit of happiness and contentment in the Colony.

### **Development**

Reference has already been made to the extensive programme of development envisaged for the Colony, and the Committee looks forward to the not very distant future when a large up-to-date Colony, built and equipped for the purpose of caring for the mentally deficient, will be available where patients may be admitted without delay.



## WHIXLEY COLONY

### Health

The Medical Officer, Dr. J. S. Dudgeon, who is engaged on a part-time basis to attend to the health of the patients, reports that, during the period under review, this has generally been good although two new cases of tuberculosis were recorded. Mass. Radiography examinations have been carried out by arrangement with the Leeds Region Tuberculosis Officer.

The attention of the Regional Hospital Board has been drawn to the shortage of accommodation in the hospital ward of the Colony, which prevents the patients suffering from tuberculosis being completely segregated from the general sick; this matter is being dealt with by the Board.

Specialist opinion and treatment in all branches of medicine and surgery is readily available when required, and patients needing dental treatment are attended to by the Visiting Dental Surgeon. Arrangements are made for spectacles to be provided for patients requiring them, and a chiropodist visits the Colony at regular intervals.

### Spiritual Ministration

Ministers of the three denominations, Church of England, Non-Conformist and Roman Catholic, who serve the Colony, hold regular services which the patients attend and at which they join heartily in the singing. The Chaplains also undertake regular visitations, and on occasions, make arrangements for some of the patients to attend Churches outside the Colony.

### Admission

Applications for admission are now received from a wider field than was formerly the case, and names are placed on a waiting list by the House Committee for the few vacancies that occur; patients are admitted according to their urgency.

### Licence

Upon the recommendation of the Superintendent, the House Committee grants permission for patients to go out on licence. The number of patients allowed to go varied from 7% to 13% of the total number on the Register. They may be licensed in the community, either to hostels,



employers, foster-parents or to their own homes. During the past few years there has been a steady extension of the practice of sending out suitable patients to Agricultural Hostels. In some cases this has proved to be a prelude to complete discharge from Order.

### **Occupational Therapy**

The Shoemaker's Shop has been converted for use as a School for low grade defectives. Simple educational lessons and instruction in clay moulding, sewing, raffia and cane work are given, for which the necessary equipment has been provided.

A number of patients receive instruction and do useful work in the Kitchen, Laundry, Tailor's Shop, Engineer's Workshop, Brush and Mat Room, and Sewing Room.

Suitable outdoor occupation is provided for as many patients as possible. A large number is engaged in cultivating the gardens, thus securing vegetables and fruit for both patients and staff. Others assist on the farm in the rearing of pigs, and in the cultivation of wheat, oats and sugar beet, etc.

A few patients are allowed out to local farmers and are remunerated for their work according to ability.

### **Maintenance of Buildings and New Works.**

During the period the buildings have been well maintained, the principal items of maintenance work being the following:—

#### **Works Completed**

Interior painting of:—

School for Low Grades.

Brush Shop.

Tailor's Shop.

Administrative Block and Hospital Verandah.

Re-surfacing the two main drives.

Tarmacadam path outside Ward 5.

Central heating in the following:—

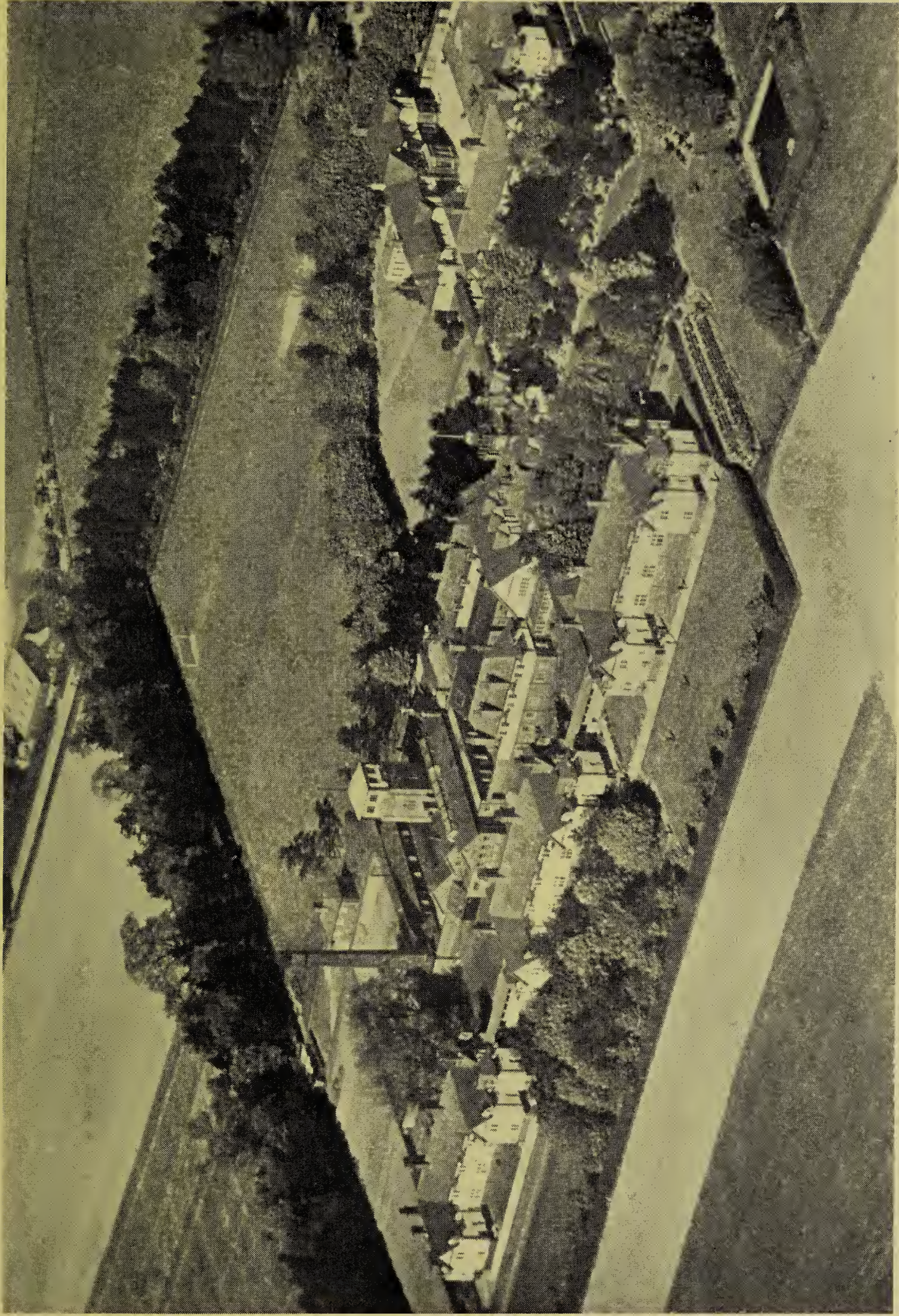
Ward 1.

School for Low Grades.

Brush Shop.

Tailor's Shop.





AERIAL VIEW OF MID-YORKSHIRE INSTITUTION, WHIXLEY.





WHIXLEY COLONY. GYMNASTICS.



WHIXLEY COLONY. BUGLE BAND.



### Works in Progress

**8 Staff Houses at Green Hammerton.** The erection of these, commenced in September, 1949, is making good progress.

**Water Supply.** From time to time the bacteriological examination reports upon the water supply obtained from the bore-hole within the grounds have been unsatisfactory, but with the advent of the local authority water supply in the vicinity, the Committee, with the concurrence of the Regional Board, is laying a water main in the grounds which will be connected to the new mains of the local authority.

**Electricity Supply—Changeover from D.C. to A.C.**

### New Works Contemplated

**Sewage Disposal System.** The Committee has received expert advice with regard to the private sewage plant of the Colony, which is small and out of date, and contemplates in the near future connecting the drains in the Colony to the new drainage system of the local authority.

### New Equipment

The main items of equipment supplied are as follows:—

Electric washing machine and electric irons for laundry.

Two Calorifiers (central heating and domestic hot water).

Dual Water Softening Plant.

12 Garden Seats. Radiogram and gramophone records.

### Visits of Commissioners of the Board of Control

The Colony was visited by the Commissioners of the Board of Control on 5th August, 1948, 10th March, 1949, and 16th November, 1949.

Their report of the 5th August, 1948, drew attention to the need for a separate hospital ward for T.B. cases, and in their report of the 10th March, 1949, they noted that much was being done for the welfare of the patients. They were impressed by the general contentment of those detained at the Colony, and by the cleanliness of the wards, dormitories, etc. The visit on the evening of the 16th November, 1949, made by one of the Board's Inspectors was a special one for the purpose of seeing the Farm workers engaged during the day-time outside the Colony. The Inspector remarked that the lads looked well and cheerful, and seemed to be enjoying their work.



## Visitors

Relatives and friends are normally permitted to visit patients on Wednesdays and Saturdays of each week from 2 p.m. to 4 p.m. and on any other day by special arrangement.

## Fire Prevention

Regular inspections of the fire fighting equipment have been carried out by officers of the Fire Department of the Borough of Harrogate.

## Recreation and Amusement

A pleasant feature that has developed during the past years is the sending of parties of patients with their own nurses for a week's holiday at the seaside. The complete change to the patients, the pleasureable anticipation, and the delightful memories these holidays leave with those, who formerly had been for years in an institution, can hardly be appreciated by those of us who are accustomed to regular holidays.

Day trips by charabanc are provided for those who are not considered suitable for a holiday away from the Colony.

Physical training under a well-qualified instructor is provided, and Morris Dancing Classes are held. There is a Rover Scouts' Drum and Bugle Band. Football, Cricket and other sports are actively pursued. Weekly cinema shows and dances are held in the winter months and also visits to Leeds and York to see Pantomimes are arranged. In addition, theatrical entertainments both by outside troupes and the patients themselves are much enjoyed.

The Annual Sports held at the Colony is an event of great interest, not only to the patients, but also to their relatives, friends and members of the public. Those privileged to be present are pleasantly surprised at the brightness of the Colony, its well-cultivated gardens and trim grounds.

The recreational side is a very strong feature of life in the Colony, and the Committee considers itself fortunate in having a Superintendent, Matron and staff absorbed in the work. The patients take the greatest possible interest in the various spheres of activity and derive no small pleasure and benefit from them.



## CONCLUSION

When the National Health Service Act came into operation, it was anticipated that the changeover would be fraught with many difficult administrative problems. This has proved to be so, but the transition has been accomplished very smoothly and the continuity of an efficient service to the Public has been happily achieved, largely owing to the goodwill and co-operation of all members of Committees, and responsible officers both medical and lay.

The Management Committee desires to pay a warm tribute to all their officers and members of the staff. It is difficult to over-emphasize the excellent work which is done by our nurses, both men and women. Though we are very short of the numbers required, particularly amongst the trained female staff, the quality of the work is such that a high standard of nursing has been maintained.

Throughout this opening period in the establishment of the Hospital Service, the Committee has received much valuable administrative and technical assistance from the Regional Hospital Board and its officers, and it has been greatly heartened in its endeavour to provide a better service to the Public by the knowledge that the Regional Board was appreciative of local problems and that only the limited financial resources available prevented the extension of this service.

The Committee hopes that in presenting this First Report the interest of the community in the area will be awakened regarding this important aspect of the Hospital Services.

BARBARA SHAW,  
*Chairman.*



# CLIFTON HOSPITAL—STATISTICS

Period	Admissions		Discharges			Remaining 31st Dec.	Recovery Rate %	Discharge Rate % Recovered and Relieved	Death Rate %
	Direct	Total	Recovered	Relieved	Not Improved				
1847—1879 .	—	3,986	1,517	340	355	498	38	44	9.4
1880—1889 .	—	1,477	607	90	31	658	42	48	9.7
1890—1899 .	—	1,869	790	138	165	702	44	50	10.3
1900—1909 .	—	1,561	593	133	62	727	40	46	10.5
1910—1919 .	1,343	1,778	434	116	256	803	34	41	10.3
1920—1929 .	1,346	1,534	514	98	218	925	39	46	7.4
1930—1939 .	1,929	2,237	856	253	252	991	45	58	6.7
1940 .	173	179	77	18	44	958	45	55	7.6
1941 .	190	196	58	29	9	972	34	49	8.4
1942 .	151	156	65	20	14	941	43	56	9.2
1943 .	189	197	86	31	17	945	46	61	6.2
1944 .	188	192	79	37	10	958	42	62	5.5
1945 .	193	205	71	42	9	972	37	59	6.1
1946 .	226	239	77	47	14	996	34	55	7
1947 .	238	258	110	31	13	1,022	46	59	6.4
1948 .	236	251	120	77	19	983	51	83	5.8
1949 .	287	305	119	70	37	979	41	66	6.9



# CLIFTON HOSPITAL

## CAUSES OF DEATH.

	1948			1949		
	Male	Female	Total	Male	Female	Total
Diseases of Heart and Blood Vessels . . .	5	14	19	9	18	27
Diseases of Kidneys . . . . .	4	—	4	6	8	14
Organic Brain Diseases . . . . .	5	7	12	3	5	8
Pneumonia and Bronchitis . . . . .	1	2	3	1	3	4
Cancer . . . . .	3	2	5	1	—	1
Tuberculosis . . . . .	10	1	11	4	2	6
Influenza . . . . .	2	—	2	2	1	3
Other causes . . . . .	3	—	3	3	2	5
Totals . . . . .	33	26	59	29	39	68



# MENTAL DEFICIENCY COLONIES—STATISTICS

## CLAYPENNY COLONY.

YEAR	1st JANUARY				Admitted		Dis- charged (see note below)	Trans- ferred to other care	Died	31st DECEMBER			
	Resident	On Licence	Absent	Total	Direct	from other care				Resident	On Licence	Absent	Total
1948 Male	167	18	—	185	8	5	1	9	4	163	21	—	184
1948 Female	172	18	—	190	6	7	3	4	3	176	17	—	193
Total	339	36	—	375	14	12	4	13	7	339	38	—	377
1949 Male	163	21	—	184	7	1	4	9	2	162	15	—	177
1949 Female	176	17	—	193	1	7	2	5	1	174	19	—	193
Total	339	38	—	377	8	8	6	14	3	336	34	—	370

## WHIXLEY COLONY.

YEAR	1st JANUARY				Admitted		Dis- charged (see note below)	Trans- ferred to other care	Died	31st DECEMBER			
	Resident	On Licence	Absent	Total	Direct	from other care				Resident	On Licence	Absent	Total
1948 Male	217	15	3	235	7	8	3	8	3	216	19	1	236
1949 Male	216	19	1	236	8	16	5	5	5	216	29	—	245

Note—“Discharged” for the purpose of these tables means that the patient was released from Order under the Mental Deficiency Acts after having been away from the Colony “On Licence.”







